PLEASE COMPLETE EACH SECTION ON FRONT AND BACK SIDE OF THIS APPLICATION AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$75 MADE PAYABLE TO MISSOURI DEPARTMENT OF AGRICULTURE AND SEND TO: MISSOURI DEPARTMENT OF AGRICULTURE, ANIMAL HEALTH DIVISION, PO BOX 630, JEFFERSON CITY, MISSOURI 65102-0630.

MARKET INFORMATION									
LEGAL NAME OF MARKET				DBA NAME					
DHONE NI IMBED AT MARKET	EAV NI IMBED			MAII					
PHONE NUMBER AT MARKET FAX NUMBER			-	EMAIL					
MAILING INFORMATION (DO NOT PUT PO BOX NUMBER ON ADDRESS WHERE MARKET/SALE IS HELD)									
NAME OF FACILITY WHERE MARKET/SALE IS HELD				MAIL ATTENTION TO					
ADDRESS MUSEUS MADIVETION E IS UELD			N/	MAILING ADDRESS					
ADDRESS WHERE MARKET/SALE IS HELD			l IV	MAILING ADDRESS					
CITY/STATE/ZIP WHERE MARKET/SALE IS HELD	)		А	ADDRESS (CITY/STATE/ZIP)					
OWNER AND MANAGER INFOR	MATION			T					
NAME OF MARKET/SALE OWNER			l N	AME OF MARKET/S	ALE MANAGER				
ADDRESS			A	ADDRESS					
				OUT VOTATE TIP					
CITY/STATE/ZIP				ITY/STATE/ZIP					
PHONE	EMAIL		Р	HONE		EMAIL			
T/250 05 430044 0 1/4305 55									
TYPES OF ANIMALS HANDLED									
CATTLE SWINE	L	SHEEP		GOATS		POULTRY			
EQUINE EQUINE-WILL NOT	HANDLE L	LEQUINE-WILL HANDI	<u>E</u>	L EQUINE-WIL	L HANDLE EIA REACTO	ORS OR EXPOSED			
SALE DAYS AND TIMES									
PLEASE LIST THE DAY, FREQUENCY, TIMES AND SPECIES SOLD FOR YOUR MARKET									
VETERINA RIAN INFORMATION									
VETERINARIAN INFORMATION: LIST EACH VETERINARIAN & TYPE OF LIVES VETERINARIAN(S) NAME				K THEY WILL BE RE		LICENSE #			
VETERINATIAN(3) NAINE			^	CONLINATION NO	WIDEN	LIOLINGL #			
VETERINARIAN(S) NAME			А	ACCREDITATION NUMBER		LICENSE #			
DUOINEGO INEODMATION				П		 			
BUSINESS INFORMATION NAME OF BUSINESS	CORPO	RATION L PARTI	NERS/F	IRM L CO-	OP L PRIVATE C	WNERSHIP LLC			
132 3. 233233									
ADDRESS			T STATE ORGANIZED OR INCORPORATED						
PRINCIPAL OFFICE OR PLACE OF BUSINESS									
PRESIDENT'S NAME AND ADDRESS									
SECRETARY'S NAME AND ADDRESS									

	ACTORY SURETY MUST BE			
NAME OF BONDING INSTITUTION		BOND NO.	AMOUNT OF BOND	EFFECTIVE DATE
<b>OWNER'S REQUIREMENTS AN</b>	ND RESPONSIBILITIES	<u>'</u>		
Responsibilities of Market L	acknowledge that I am aware icensee and 277 RSMo, 2000, ulations pertaining to the move	Missouri Livestock Marke	eting Law, and further ag	ree to comply with all
MARKET/SALE OWNER SIGNATURE	DATE			
DISTRICT VETERINARIAN SIGNATURE	DATE			
OTATE VETERINARIANI ARROOVAL CIO	NATURE		DATE	
STATE VETERINARIAN APPROVAL SIG	DATE			
FOR OFFICE USE ONLY				
APPLICATION RECEIVED     FEDERAL AGREEMENT	FEE RECEIVED  VET AGREEMENT	BOND VERIFIED INSPECTION	VOLUME REP	ORT